



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Michigan, MEDICAID

Children's Dental Services

Preventive Services

| | Is the service Covered? | | | Frequency | List any service-specific limitations |
|--|-------------------------|-------------------------------|----|-------------------|--|
| | Yes | Only with prior authorization | No | | |
| Cleanings | X | | | 2 x year | |
| Fluoride treatments (including fluoride varnishes) | X | | | 2 x year | |
| Sealants (list any tooth-specific limits) | X | | | 1 x every 3 years | 1st permanent molar , up to age 9; 2nd permanent molar, up to age 14 |
| Space maintainers | X | | | | |



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Michigan, MEDICAID

Diagnostic Services

| | Is the service Covered? | | | Frequency | List any service-specific limitations | Recommended age of first visit? |
|----------------------------|-------------------------|-------------------------------|----|-------------------|---------------------------------------|---------------------------------|
| | Yes | Only with prior authorization | No | | | |
| Dental examinations | | | | | | |
| | X | | | | | 1 |
| X-Rays | | | | | | |
| Bitewing | X | | | 1 x year | | |
| Full Mouth | X | | | 1 x every 5 years | | |
| Panoramic | X | | | 1 x every 5 years | | |



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Michigan, MEDICAID

Treatment Services

| | Is the service Covered? | | | Frequency | List any service-specific limitations | Criteria for coverage |
|---|-------------------------|-------------------------------|----|-----------|---------------------------------------|-----------------------|
| | Yes | Only with prior authorization | No | | | |
| Fillings | | | | | | |
| Silver amalgam | X | | | | | |
| Tooth colored composite | X | | | | Not on molar teeth | |
| Crowns/tooth caps | | | | | | |
| Stainless steel crowns | X | | | | 1 per 5 years | |
| Metal (only) crowns | | | X | | | |
| Metal/porcelain crowns | | | X | | | |
| Porcelain (only) crowns | | | X | | | |
| Root Canals (endodontics) | | | | | | |
| Root canals on baby teeth (pulpotomies) | X | | | | | |
| Root canals on permanent teeth | X | | | | | |
| Gum (periodontal) therapy | | | | | | |
| | X | | | | | |



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Michigan, MEDICAID

| | Is the service Covered? | | | Frequency | List any service-specific limitations | Criteria for coverage |
|-------------------------|-------------------------|-------------------------------|----|-----------|---------------------------------------|-----------------------|
| | Yes | Only with prior authorization | No | | | |
| Dentures | | | | | | |
| Partial dentures | X | | | | 1 per 5 years per arch | |
| Complete dentures | X | | | | 1 per 5 years per arch | |
| Bridges | | | X | | | |
| Orthodontics* | | | | | | |
| Retainers (orthodontic) | | | X | | | |
| Braces | | | X | | | |
| Oral surgery | | | | | | |
| Simple extractions | X | | | | | |
| Surgical extractions | X | | | | | |
| Care of abscesses | X | | | | | |
| Cleft palate treatment | | | X | | covered as a medical benefit | |
| Cancer treatment | | | X | | covered as a medical benefit | |
| Treatment of fractures | | | X | | covered as a medical benefit | |
| Biopsies | | | X | | covered as a medical benefit | |



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Michigan, MEDICAID

| | Is the service Covered? | | | Frequency | List any service-specific limitations | Criteria for coverage |
|---|-------------------------|-------------------------------|----|-----------|---------------------------------------|-----------------------|
| | Yes | Only with prior authorization | No | | | |
| Treatment of jaw joint problems (TMJ) | | | | | | |
| | | | X | | | |
| Emergency room services provided by a dentist | | | | | | |
| | X | | | | | |
| Inpatient Hospital Services | | | | | | |
| | | | X | | covered as a medical benefit | |
| Anesthesia | | | | | | |
| General anesthesia | X | | | | | |
| Intravenous conscious sedation | X | | | | | |
| Non-intravenous conscious sedation | X | | | | age 0-5 years | |
| Analgesia (nitrous oxide) | | | X | | | |

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).